



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care



NATIONAL  
**QUALITY MEASURES**  
CLEARINGHOUSE

## General

### Title

Pediatric preventive care: percentage of pediatric patients age 3 to 17 years who have had an overweight/obesity assessment and if BMI percentile is greater than or equal to 85 have appropriate documentation of counseling for physical activity and nutrition.

### Source(s)

MN Community Measurement. Data collection guide: pediatric preventive care: overweight counseling 2015 (01/01/2014 to 12/31/2014 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 65 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of pediatric patients age 3 to 17 years who have had an overweight/obesity assessment and if body mass index (BMI) percentile is greater than or equal to 85 have appropriate documentation of counseling for physical activity and nutrition.

### Rationale

The number of United States children and adolescents who are overweight or obese continues to rise (Ogden et al., 2002). According to the 2007 to 2008 National Health and Nutrition Examination Survey, nearly 17% of children ages 2 to 19 are obese and almost 32% are overweight or obese (Institute of Medicine [IOM], 2010).

In 2009, the body mass index (BMI) documentation rate reported by the National Committee for Quality

Assurance (NCQA) (2010) was 35% for commercially insured patients and 30% for Medicaid patients.

Bright Futures guidelines reports that although a child's weight status is the result of a number of factors (genes, metabolism, height, behavior and environment) working together, two of the most important determinants of weight status are nutrition and physical activity. Children older than two years who are between the 85th and 95th percentile of BMI need a second-level assessment and screening, and treatment which includes interventions focused on dietary changes/nutrition and physical activity.

Pilot testing of measure with 13 medical groups representing 116 clinics and 42,906 patients demonstrated that participating clinics are successfully assessing their patient population for obesity, with the prevalence of BMI percentile greater than 85 at 27.4% (overweight 14.8%, obese 12.6%) but demonstrated opportunity for improvement and variability among practices for providing counseling to overweight children with an overall average rate of 68.3%.

## Evidence for Rationale

Institute of Medicine (IOM). Bridging the evidence gap in obesity prevention: a framework to inform decision making. Washington (DC): National Academies Press; 2010 Apr. 4 p.

MN Community Measurement. Data collection guide: pediatric preventive care: overweight counseling 2015 (01/01/2014 to 12/31/2014 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 65 p.

National Committee for Quality Assurance (NCQA). The state of health care quality, 2010. Washington (DC): National Committee for Quality Assurance (NCQA); 2010.

Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. JAMA. 2002 Oct 9;288(14):1728-32. [PubMed](#)

## Primary Health Components

Obesity; overweight; body mass index (BMI); counseling; nutrition; physical activity; children; adolescents

## Denominator Description

Patients who meet each of the following criteria are included in the denominator:

Patient was age 3 years at the start of the measurement period to 17 years at the end of the measurement period.

Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit as identified using Current Procedural Terminology (CPT) codes.

Patient had body mass index (BMI) percentile greater than or equal to 85 according to Centers for Disease Control and Prevention (CDC) BMI percentile calculation formula.

See the related "Denominator Inclusions/Exclusions" field.

## Numerator Description

Percentage of patients age 3 to 17 years with a body mass index (BMI) percentile greater than or equal to 85 who have documentation of both physical activity and nutrition discussion, counseling or referral in

the medical record documented during the well-child preventive care visit (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

MN Community Measurement (MNCM) conducts validity testing to determine if quality measures truly measure what they are designed to measure, and conducts reliability testing to determine if measures yield stable, consistent results. Validity testing is done to see if the concept behind the measure reflects the quality of care that is provided to a patient and if the measure, as specified, accurately assesses the intended quality concept. Reliability testing is done to see if calculated performance scores are reproducible.

### Evidence for Extent of Measure Testing

MN Community Measurement. Measure testing. [internet]. Minneapolis (MN): MN Community Measurement; [accessed 2015 Nov 12].

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

## Statement of Acceptable Minimum Sample Size

Specified

## Target Population Age

Age 3 to 17 years

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Better Care

### National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Getting Better

Living with Illness

Staying Healthy

### IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

Measurement period will be a fixed 12-month period: January 1 to December 31

### Denominator Sampling Frame

Patients associated with provider

### Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Encounter

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

#### Inclusions

Patients who meet each of the following criteria are included in the denominator:

- Patient was age 3 years at the start of the measurement period to 17 years at the end of the measurement period.

- Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period for a well-child visit as identified using Current Procedural Terminology (CPT) codes. Refer to Table 1 in the original measure documentation for CPT codes identifying well-child visits.

- Patient had body mass index (BMI) percentile greater than or equal to 85 according to Centers for Disease Control and Prevention (CDC) BMI percentile calculation formula.

#### Exclusions

Patients who are pregnant. The following codes can be used to determine pregnancy.

- International Classification of Diseases, Ninth Revision (ICD-9) code range from 630 to 679.1 (complete code range). Refer to the tables located in the Data Collection Guide Appendices of the original measure documentation for more detailed information about how to identify patients who meet inclusion criteria using ICD-9 codes.

- V22.0 to V28.9 normal pregnancy, high risk pregnancy or encounter antenatal screening. Refer to Table 2 in the original measure documentation for codes that indicate delivery.

Note: Not all of the codes are applicable to patients aged 12 to 17.

### Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Percentage of patients age 3 to 17 years with a body mass index (BMI) percentile greater than or equal to 85 who have documentation of both physical activity and nutrition discussion, counseling or referral in the medical record documented during the well-child preventive care visit

Note: Nutrition documentation includes any of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- Checklist indicating nutrition addressed
- Counseling or anticipatory guidance for nutrition
- Provided educational materials on nutrition
- Referral for any of the following: nutritional education, weight management classes, medical nutritional therapy, nutritional counseling with dietician, obesity counseling

Physical activity documentation includes any of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- Checklist indicating physical activity addressed
- Counseling or anticipatory guidance for physical activity
- Provided educational materials on physical activity
- Referral for any of the following: exercise classes, exercise counseling, obesity counseling

### Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

2015 Pediatric Preventive Care: Overweight Counseling Measure Flow Chart

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Pediatric preventive care: overweight counseling 2015.

## Measure Collection Name

Pediatric Preventive Care

## Submitter

MN Community Measurement - Health Care Quality Collaboration

## Developer

MN Community Measurement - Health Care Quality Collaboration

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

Unspecified

## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

This measure was adapted from the National Committee for Quality Assurance (NCQA) measure for

*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC).* Specifically, the numerator definitions for counseling for nutrition and physical activity are aligned and were adapted from NCQA's measure.

## Date of Most Current Version in NQMC

2015 Jan

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

## Measure Availability

Source available from the [MN Community Measurement Web site](#) .

For more information, contact MN Community Measurement at 3433 Broadway St. NE, Broadway Place East, Suite #455, Minneapolis, MN 55413; Phone: 612-455-2911; Web site: <http://mncm.org> ; E-mail: [info@mncm.org](mailto:info@mncm.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on December 4, 2015. The information was verified by the measure developer on February 16, 2016.

## Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

This measure is subject to review and may be revised or rescinded at any time by MN Community Measurement (MNCM). The measure may not be altered without the prior written approval of MNCM. Measures developed by MNCM, while copyrighted, can be reproduced and distributed without modification for noncommercial purposes (e.g., use by health care providers in connection with their practices). Commercial use is defined as the sale, license, or distribution of the measure for commercial gain, or incorporation of the measure into a product of service that is sold, licensed or distributed for commercial gain. Commercial use of the measure requires a license agreement between the user and MNCM.

## Production

## Source(s)

# Disclaimer

## NQMC Disclaimer

The National Quality Measures Clearinghouse<sup>®</sup> (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.